


STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

AUTHORIZATION FOR EXTRA HOURS

STD. 682 (REV. 10-97)

EMPLOYEE'S NAME			POSITION NUMBER/ARU NUMBER		
SOCIAL SECURITY NUMBER		WORK WEEK GROUP/CBID		ORGANIZATION UNIT/WORK LOCATION	
YOUR ARE HEREBY ORDERED TO WORK EXTRA HOURS IF REQUIRED, AS AUTHORIZED BELOW					EXTRA HOURS WORKED
DATE	TIME OF DAY		TOTAL HOURS AUTHORIZED	COMPENSATION TIME OFF = W PAYMENTS = P	
	FROM	TO			
		TOTAL		TOTAL	

REASON FOR EXTRA HOURS

AUTHORIZED BY (<i>Signature</i>)		DATE AUTHORIZED
CERTIFICATION OF EXTRA HOURS WORKED		
EXTRA HOURS HAVE BEEN WORKED AS INDICATED ABOVE		
EMPLOYEE'S SIGNATURE		DATE SIGNED
		
APPROVED (<i>Supervisor's Signature</i>)		DATE SIGNED
